Electronic Articles of Organization
For
Florida Limited Liability Company

L08000073701
FILED 8:00 AM
July 31, 2008
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

TROPICAL MOHS SURGERY LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2605 WEST ATLANTIC AVENUE
SUITE D-204
DELRAY BEACH, FL. 33445

The mailing address of the Limited Liability Company is:

2605 WEST ATLANTIC AVENUE
SUITE D-204
DELRAY BEACH, FL. 33445

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

JOHN STRASSWIMMER
2605 WEST ATLANTIC AVENUE
SUITE D-204
DELRAY BEACH, FL. 33445

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN STRASSWIMMER

Article V

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The name and address of managing members/managers are:

Title: MGRM
JOHN STRASSWIMMER
2605 WEST ATLANTIC AVENUE SUITE D-204
DELRAY BEACH, FL. 33445

Signature of member or an authorized representative of a member

Signature: JOHN STRASSWIMMER